

water and milk unafraid, because they guard against its contamination by the germs of filth and disease. To their researches we owe the banishment of yellow fever and cholera and the virtual elimination of typhoid and diphtheria.

And the physicians, all of whom have worked in these laboratories, and who also deny the "cruelty" tales, are the very persons to whom we entrust our lives and our secrets when we are ill, and on whose advice we rely to avoid illness. They stand next to the confessional in the confidences they receive—and keep. If they, knowing what happens in these laboratories, would solemnly deny the truth, for pay, we should withdraw our confidence in them for all other purposes.

Ask your own doctor, whom you trust in everything else, if these tales are true.

This "Humane Pound Act," to be sure, does not directly prohibit animal experimentation, and there are a few of its advocates who support it from considerations of pound administration. For their purposes, however, the act is superfluous, since those purposes can be—and largely are—accomplished by other means. But any contact with the main mass of its proponents reveals that their purpose is to handicap the laboratories now, because they object to animal experimentation, with the view of prohibiting it later. Some of them are moved because they believe the tales of "cruelty." But the majority are opposed to medical experimentation because they are opposed to medical science. If they are right, this scientific age should adjourn.—Chester Rowell, in the *San Francisco Chronicle*, September 6.

THE USES OF ANIMAL EXPERIMENTATION

The conservative attitude of the medical profession has both good and bad aspects—good when it refuses the use of untried drugs and unproved methods of therapy, bad when it permits medical progress to be attacked and maligned without defending itself. This attitude permits the public to be deceived concerning medical progress and sometimes causes the sick to seek relief from undependable sources which promise help. *The Journal*, by its continual exposure of "quack" medicines and falsely claimed "cures," has for many years done a great service to the public as a whole. More difficult to combat than such deliberately fraudulent claims, however, is the destructive work of the small but vociferous group opposed to experiments on animals. Their "crusaders" each year spend large sums of money in an attempt to stop all experimental work in the biologic sciences. In spite of the proved facts concerning the whole science of bacteriology, learned almost entirely through animal investigation, they claim that no good has come through man's utilization of animals in laboratory study.

The antivivisectionists refuse to recognize the great and continuous fall of the death rate in the infectious diseases, the remarkable extension of life since the discovery of bacteriology and the beneficent progress of modern surgery as related to animal investigation. True, if their children acquire diphtheria they may use antitoxin, and if they develop appendicitis they may seek out a surgeon, but the relation of these therapeutic agents to research on animals is disclaimed. With these people argument and elucidation of the facts serve little purpose, for they twist the truth, misquote medical men now dead, and play on sentiment, not reason.

At present opponents of experiments on animals are proposing and advocating the so-called Humane Dog Pound Initiative in California, which will be voted on by a referendum in November. This cleverly constructed piece of legislation is apparently aimed against unnecessary suffering of dogs; actually it will make further animal investigation in the State of California difficult and hopelessly expensive. Such legislation, if passed, will seriously hamper further laboratory investigation in every state. Proper education of the public in (1) the methods of animal investigation and (2) the advantages that have accrued to the people from animal investigation should do much to bring about its defeat.

The articles now appearing in the *Country Gentleman* written by Paul de Kruif are a splendid assistance in this important task. In these articles de Kruif has exposed not only how much man has benefited, but how much the ani-

mals themselves have benefited from laboratory investigation. The tremendous decrease in Texas fever of cattle, hog cholera, bovine tuberculosis and foot and mouth disease are striking examples of how the use of a few animals in laboratory investigation has lessened or completely done away with the suffering of hundreds of thousands of animals. De Kruif has sharply emphasized this advantage by stating the tremendous financial saving to our farmers. Naturally, man cannot control human disease as completely as animal disease. The article in the September issue of the *Country Gentleman* depicts the possibilities for comfort and longevity which may follow the acquisition of exact knowledge through animal investigation. In succeeding issues the advantages which have accrued to man through similar animal experimentation will be made public.

This service to the continuance of medical research deserves recognition by the medical profession. Every physician may aid by calling the attention of patients and friends to these masterful statements.—*Journal of the American Medical Association*, September 10, 1938.

MEDICINE AT CROSSROADS

The whole question of assuring the American people of adequate medical care, which was discussed at length at the recent Washington conference, has suddenly been focused on one point by the action of Assistant Attorney-General Thuman Arnold in formally accusing the American Medical Association and the District of Columbia Medical Society of violating the federal antitrust laws. It is safe to predict that the settlement of the case will probably influence the methods of the practice of medicine in the United States for years to come.

The facts, at least as Mr. Arnold presents them, are simple. The Group Health Association, Inc., was voluntarily organized a year ago by 2,500 small-salaried government employees to provide themselves with medical care for a small monthly fee. When the association attempted to retain competent physicians, it found that the District of Columbia Medical Society had threatened to expel any of its members who might enter into an agreement with the association. It also discovered that the society had forbidden its specialist members to consult with physicians employed by the association, and that it had prevailed on several Washington hospitals to refuse admittance to the association's doctors. It is well known, as Mr. Arnold says, that the Washington episode is not unique, and that the medical societies have similarly opposed the organization of group medicine association and hospital insurance plans in several other cities.

If these ventures will inevitably lower the quality of medical care, and the American Medical Association can demonstrate that certainty, it is on strong ground. Plainly we must not embark on any scheme which will impair existing medical standards. But if the American Medical Association's objective is merely to freeze out present medical facilities into a state of permanence and to prevent the free and honest trial of new facilities, it is on exceedingly weak ground.

As it has been declared many times in recent years and as it now must be apparent to almost everybody, the very rich and the very poor today receive the best medical treatment. The rich can afford to engage the best physicians and surgeons. The poor can obtain free treatment—often from the same doctors—at a hospital or clinic. But the middle class, the people with incomes of from \$1,000 to \$2,500 a year, usually have great difficulty and frequently suffer real hardships in attempting to meet the cost of a serious illness. The group scheme offers them the opportunity of buying protection against the financial impositions of illness just as most of them now insure themselves against the loss of their homes by fire—through small monthly or yearly payments.

In reply to the antitrust charges, the American Medical Association has immediately revived the bogey of government regimentation and "socialized medicine." The essential point is that these voluntary, coöperative organizations—which nobody has to join unless he wants to—really promise to obviate the need of government subsidy and regulation.